

L10000067675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 DEC 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 18 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC 16 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 2, 2015

TONI'S PROPERTY MANAGEMENT LLC
MARK HORAN
1813 WEST VIRGINIA DR.
KISSIMMEE, FL 34744

SUBJECT: TONI'S PROPERTY MANAGEMENT, L.L.C.
Ref. Number: L10000067675

We have received your document for TONI'S PROPERTY MANAGEMENT, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Please complete the form and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00025231

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TONI'S PROPERTY MANAGEMENT, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Horan

Name of Person

RESIDENT TEAM REALTY LLC / TONI'S PROPERTY MANAGEMENT L

Firm/Company

1813 W Virginia Dr

Address

Kissimmee, FL 34744

City/State and Zip Code

mark@residentteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Horan

407 301-0312
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TONI'S PROPERTY MANAGEMENT, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2010 and assigned
Florida document number L10000067675.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1813 WEST VIRGINA DR.

KISSIMMEE, FL 34744

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Principal Address, 1813 WEST VIRGINA DRIVE KISSIMMEE, FL 34744 is now the mailing address.

The old mailing address of PO BOX 420427 KISSIMMEE, FL 34742 is no longer valid.

I had submitted this request on another form with my \$25. The check was cashed but the

mailing address was not changed. Please sue these funds as they should be on account.

FILED
2015 DEC 16 PM 12:17
CLERK OF CIRCUIT COURT
JANUARY 16, 2016
KISSIMMEE, FLORIDA

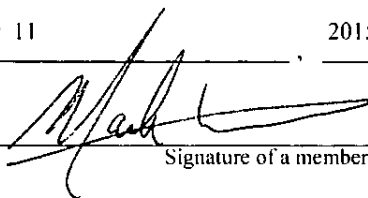
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 11, 2015



Signature of a member or authorized representative of a member

Mark Horan

Typed or printed name of signer